This summary (briefing) is aimed at managers and practitioner working with children and families in Bedford Borough. Information about Transitions and key findings & recommendations from the audit is presented. Please share this summary (briefing) with colleagues.

**Background**

- A multi-agency LSCB audit on Transitions was conducted in July 2017, to seek assurance that learning from the Patrick and Thematic SCR has been embedded; to ensure that transitions between children and adult services are timely and involve the young person and family; and to identify both good practice and learning to improve practice in supporting young people through Transition.
- The audit report will be presented to the BBSCB Performance and Audit Group (PAG).

**What is a Good Transition?**

According to the Social Care Institute for Excellence:
Planning and preparing early will help make it a more positive experience and build confidence and independence for the transition from children’s to adults’ services. A good transition should include:

- Working in partnership with young people and families from Year 9
- Having a named worker for the young person to take on a coordinating role
- For many young people, transition plans will be part of their Education, Health and Care Plan.
- Plans should be reviewed and updated at least annually and include the young person, their family and all who support them

According to Bedford Borough’s Preparing for Adulthood Protocol:
The vision is to ensure all Bedford Borough young people with special educational needs and/or disabilities have the best chance to lead fulfilling and meaningful lives as they move in to adulthood. The Borough recognises that in order to achieve this effective joint working across partner agencies is required as well as ensuring that young people and their parents/ carers are at the heart of the process. Preparing for Adulthood means preparing for: Further education and/or employment, independent living, participation in society and being as healthy as possible in adult life. The principles which underline the protocol are: Personal centred planning, involvement and consultation of parents/ carers, partnership working across agencies, working towards positive outcomes, early assessment and transition planning, quality and monitoring.

**Methodology**

The audit process, sample and selection of cases, scope and audit tool was discussed and agreed by the BBSCB performance and audit group, which has representatives from the following agencies:

- Clinical Commissioning Group (CCG)
- Bedfordshire Police
- Children’s Social Care
- Essex Partnership University Trust (EPUT)
- Public Health
- BBSCB office
- Bedford Hospital
- East London Foundation Trust (ELFT)

The audit aimed to review children through the transition journey, one in the beginning, one in the middle and one which had transitioned into adult care. Three cases were selected for auditing; one from St John’s School, one from the Child Development Centre and a final from Adult Services. The audits were completed by 30th June with an audit scrutiny activity held on 7th July 2017.

The audit was completed by: Children’s Social Care, Adult Social Care, Essex Partnership University Trust (EPUT), East London Foundation Trust (ELFT), Clinical Commissioning Group (on behalf of GP), St John’s School.

**Good Practice**

- 2 cases demonstrated timely reviews of the Education, Health and Care Plan.
- 2 cases (both of the young people under age 18) were identified early, part of tracker meetings held with adult social care and therefore early transition planning had begun.
- 2 cases had a named GP (both of the young people under age 18) 1 case had a named Community Paediatrician.
- 2 cases demonstrated good involvement of the family in the Education, Health and Care Plan.
- Good partnership working demonstrated in 2 cases (both of the young people under 18).
- Clear evidence on 2 cases that the voice of the child impacted on planning.
- In the case of the young person over 18, there was a joint visit to the family by the Children’s and Adults Social Worker prior to the transfer into Adult Social Care.
- In the case of the youngest child, age 15, early identification of needs led to a comprehensive CAF and respite care.
- Children’s Social Care offered carers assessments in 2 cases.
- 1 case demonstrated good evidence of the voice of the father being part of the planning and intervention.
- Good practice seen in the preparation to adulthood worker who bridges Children’s and Adult’s social care and supports the transition between the services. Part of the responsibility is to review assessments undertaken already and those required, which includes consideration and discussion of a carers assessment.
Learning Identified

- The ‘Lead’ professional for the child/ family was not clear from records.
- In all 3 cases, the GP had no direct involvement with the Education, Health and Care Plan or transition planning and did not always receive the EHCP directly.
- The Education, Health and Care Plan should include all professionals supporting the family including mental health and social care.
- In the case of the young person who is over 18, he had a late transition to Adult Social Care, starting at 17.5 years old. He would have benefited from earlier transition planning considering his complexities.
- Fathers were not involved in the Education, Health and Care Plan in 2 cases where they weren’t the main carer.
- In 1 case, more robust risk management of challenging behaviour was required with the recognition that work with this young person needed to be delivered at the right level for his understanding.
- The Think Family Approach is need by all professionals to ensure the entire family is considered as part of any intervention, meeting or support offered.
- All 3 cases lacked good evidence of a join up between the Education, Health and Care Plan and the Child In Need Plan.

Key Findings and Recommendations
1. Both children under 18 are benefitting from early transition planning with Adult Social Care. This is due to the tracker meetings which are aimed at ensuring that young people are known to Adult Social Care from the earliest point possible and supported by the Preparation to Adulthood Worker.
2. Both children under 18 are benefitting from having a named GP, which supports better information sharing and continuity with health care. However, GP’s hold valuable information and should be part of the conversation and planning for a young person rather than just have the final plan (EHCP or CIN) sent to them. (Linked to Key Finding 5)
3. Both children under 18 are benefitting from good practice in Children’s Services of offering Carer’s Assessments.
4. All 3 cases indicated that professionals tend to direct all communication and support to the main carer for the child rather than both parents. In order to maximise needed support for the family and understand the impact of a young person’s disability on the family as a whole and in line with the Think Family Approach, it is important that both parents where possible are involved in meetings and reviews in respect of their child. **Recommendation 1:** All Review Meetings (EHCP, CIN and any other meeting) should involve both parents/carers along with the young person where possible and any intervention with the family should bear in mind the Think Family Approach.
5. Improvement could be made to the joint up between the Education, Health and Care Plan and any other plans, namely a Child In Need Plan. **Recommendation 2:** There is no additional recommendation from this transitions audit as this is already on the SEND Improvement Plan.
6. It is important to ensure that all professionals supporting a young person are involved in the Education, Health and Care Plan. **Recommendation 3:** There is no additional recommendation as the EHCP pathway is already being developed as part of the SEND Improvement Plan.
7. The provision of overnight respite was seen as a challenge. It is noted that an assurance report has already been requested from Children’s Services regarding this.

Next Steps:
- **August 2017:** Executive Group are asked to accept the report and support the recommendations.
- **August/September 2017:** All partners are asked to share this Audit Summary widely within their respective organisation, ensuring the learning is understood and any development activity is undertaken in order to improve outcomes for children and young people.
- **May 2018:** Assurance is provided in respect of the **continuation of good practice** seen in:
  1. Carers assessments completed
  2. Early transition planning and young people discussed as part of tracker meetings with Adult Social Care
  3. Young People with additional needs having a named GP

Assurance is provided in respect of **improvements** made to:
- The Think Family Approach underpinning the work with families through transition
- The join up between the Education, Health and Care Plan and Child In Need plans
- Ensuring that all professionals working with the young person are involved in the Education, Health and Care Plans.

In order to seek assurance of the above, the Performance and Audit Group will request the Parent and Carer Forum to undertake a piece of work and provide an assurance report in May 2018 that demonstrates what difference this learning has made to young people in transition and their families, bearing in mind the particular practice highlighted in this report.

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